

Report on the Health Status of Older Adults

Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases often occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Arizona.

Population Characteristics

Table 1 presents information about the characteristics of older adults living in Arizona, as compared to the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 13% of the total population in Arizona is over the age of 65, compared to 12.4% for the United States. For both regions, the proportion of females is higher than males within the 65 and older age group.

TABLE 1: POPULATION ESTIMATES * FOR 2001

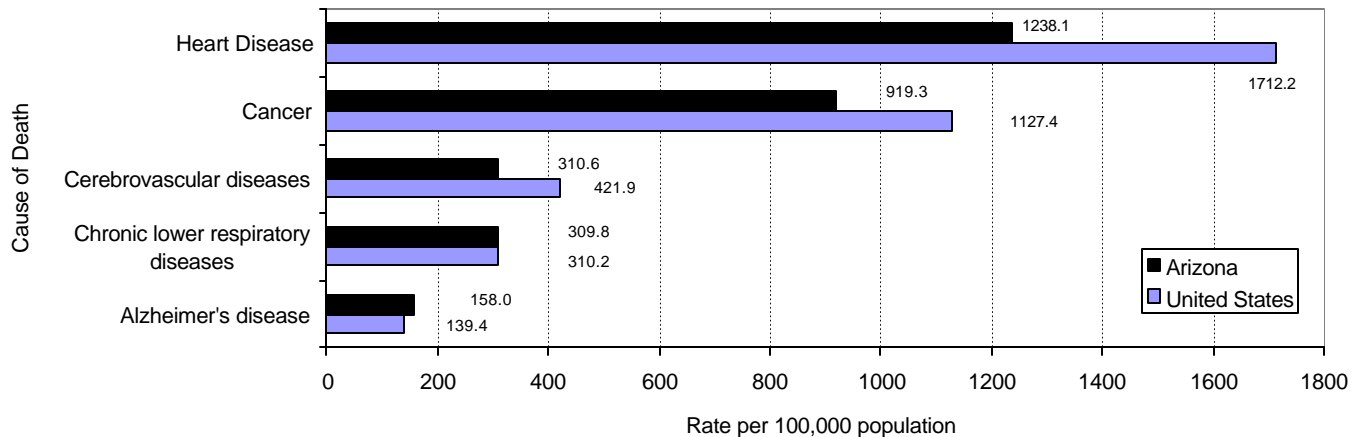
	Arizona	United States
Total Population	5,307,331	284,796,887
Age 65+ Population	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+		
Male	306,535 (44.4%)	14,582,434 (41.2%)
Female	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+		
Caucasian, non-Hispanic	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	57,413 (8.3%)	1,754,381 (5.0%)
African American	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	14,360 (2.1%)	140,099 (0.4%)
Asian	6,454 (1.0%)	810,399 (2.3%)
Other	3,506 (0.5%)	254,130 (0.7%)

*Estimates calculated based on the 2000 U.S. Census

Mortality and Hospitalizations

The five leading causes of death among adults age 65 and older in Arizona for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001; U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. For all categories, the national death rate in 2000 was higher than the 2001 statewide death rate, with the exception of deaths due to Alzheimer's disease. Arizona reported a higher rate of deaths in 2001 due to Alzheimer's disease than reported nationally in 2000. A review of year 2000 Arizona mortality data for the purpose of a direct comparison indicates that Arizona reported 13% higher death rate than the United States due to Alzheimer's disease. Among all older adults, heart disease and cancer are consistently the leading causes of death. Arizona reported considerably lower death rates due to these causes in 2001 than did the United States in 2000. Lung cancer is the leading cause of cancer deaths statewide, claiming 255.7 lives per 100,000 individuals in 2001.

FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000



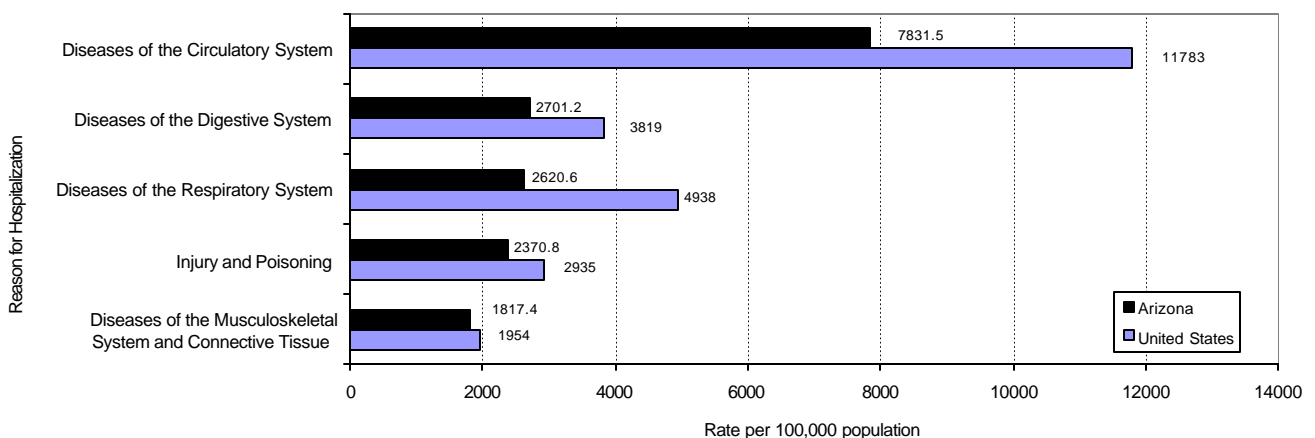
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Arizona and the United States, based on primary ICD9 diagnosis codes. While state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001, U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

For all categories, the national hospitalization rate in 2000 was higher than the 2001 rate reported for Arizona, with the largest difference in hospitalizations due to diseases of the circulatory system,

in which the United States reported 51% higher hospitalization rate than Arizona. In considering diseases of the circulatory, digestive, respiratory, and musculoskeletal/connective tissue systems individually, the leading medical condition within each category resulting in hospitalization for older adults statewide was heart disease, diverticulitis, pneumonia, and arthritis, respectively. Within the injury and poisoning category, hip fractures were the most frequently diagnosed medical condition, and falls were reported as the main cause of injury. The average length of stay in the hospital among older adults in Arizona was 4.7 days, compared to 6.0 days nationally (year 2000 data). The average hospitalization charges for Arizona seniors in 2001 was \$21,289; national figures are not available. Cumulative data indicate that Arizona seniors incurred total hospitalization costs equaling \$3,742,421,891 for the year 2001. Although the analysis of mortality and hospitalizations includes only Arizona residents, it is important to view these rates with caution because of the potential impact of the winter visitors, especially if they have a residence in Arizona.

Risk Factors

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the state is not representative of the state population over age 65, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population in 2000.

TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+

	Arizona	United States
Number of respondents, ages 65+	624	34,087
Gender		
Male	245 (39.3%)	11,913 (34.9%)
Female	379 (60.7%)	22,174 (65.1%)
Race/Ethnicity		
Caucasian, non-Hispanic	566 (90.7%)	28,915 (84.8%)
Hispanic	45 (7.2%)	1,977 (5.8%)
Black	5 (0.8%)	1,764 (5.2%)
American Indian	5 (0.8%)	332 (1.0%)
Other	3 (0.5%)	1,099 (3.2%)
Mean Age (Years)	73.8	74.0

Of the 624 older adults surveyed in Arizona during 2000, 41.3% described their general health status as very good or excellent, compared to 35.4% for the United States. Fifty-five surveyed adults (8.8%) in Arizona described their general health as poor, a lower rate than reported for the United States (9.6%).

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, 52.1% of the surveyed older adults in Arizona are classified as overweight or obese by national health standards, yet only 27.1% of respondents reported current attempts at losing weight. Over half of the respondents in Arizona (57.0%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 37.5% reported being physically inactive. The remaining 62.5% of respondents reported participating in a physical activity, although only 35.9% of respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is slightly less than the 37.3% rate reported nationally. The most popular activities among older adults, as reported on the statewide 2000 BRFSS, are walking, gardening, golf, aerobics, and bicycling. Also in 2000, 7.4% of surveyed adults in Arizona reported that they are current daily smokers, a slightly lower incidence than reported for the nation (7.9%). Nineteen of the 46 daily smokers (41.3%) reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year. This is slightly higher than the national rate of 40.9%.

TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000

	Arizona	United States
Weight Group ¹		
Normal weight	46.8%	42.5%
Overweight	35.1%	36.7%
Obese	17.0%	16.8%
Unknown	1.1%	4.0%
Daily Servings of Fruits and Vegetables		
Less than once a day or never	1.4%	3.3%
1 to less than 3 times per day	16.8%	21.9%
3 to less than 5 times per day	38.8%	43.3%
5 or more times per day	42.9%	31.5%
Activity level/exercise ²		
Physically inactive	37.5%	37.0%
Less than recommended activity	26.6%	25.7%
Meets recommended activity level	35.9%	37.3%
Smoking status		
Current smoker, smoke everyday	7.4%	7.9%
Current smoker, smoke some days	1.9%	2.1%
Former smoker	41.3%	37.4%
Never smoked	48.7%	52.1%
Don't know/refused question	0.6%	0.5%

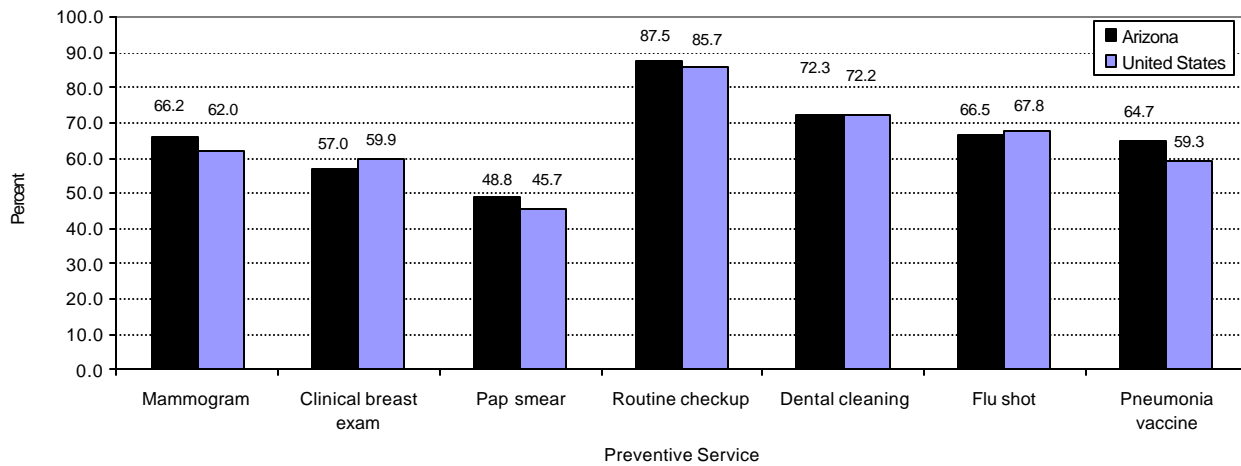
¹Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

²Recommended activity is exercise 3 or more days per week for 20 minutes or more

Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percent for pneumococcal vaccine; are reported for individuals receiving the vaccine at any point in their life.

FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



Among all survey respondents, “obtaining a yearly medical checkup” was the highest reported use of a preventive service, with a rate 87.5% for Arizona and 85.7% for the United States. Yearly dental cleaning was also highly reported among state and national respondents, a rate of approximately 72% for both regions. Arizona exceeded the national rate for obtaining a pneumococcal vaccine, with 64.7% of state respondents reporting ever having the vaccine, compared to 59.3% for the United States. A slightly lower rate was reported for Arizona respondents having a flu shot in the past year (66.5%), compared to 67.8% for the nation.

In the category of women’s health, 66.2% of female respondents in Arizona reported having a mammogram in the past year, compared to 62.0% nationally. Fewer females in Arizona reported having a breast exam performed by a health professional within the past year (57.0%), compared to 59.9% nationally. As breast cancer is the fifth leading cause of cancer mortalities in Arizona (year 2001 data), the use of preventive services related to breast health is especially important. Yearly Pap smears were obtained by fewer than 50% of all state and national female respondents.

Mental Health and Support Services

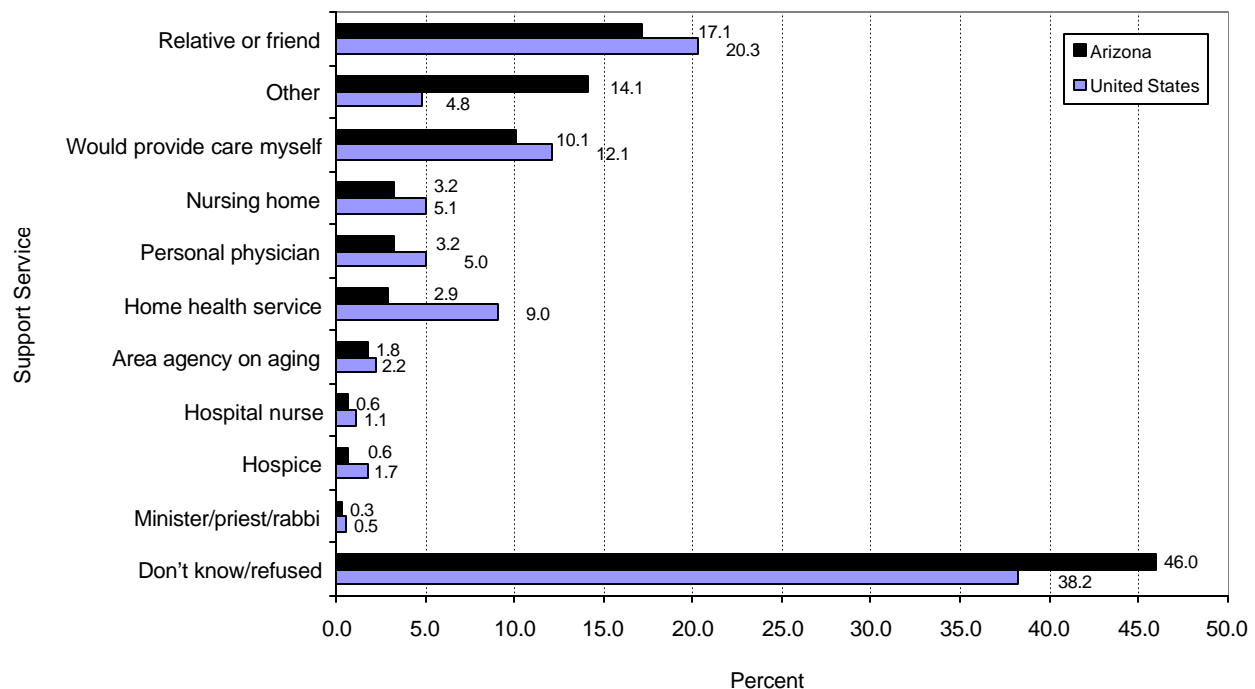
According to BRFSS 2000 data, older respondents in Arizona reported an average of 1.7 days during the past month when their mental health was “not good”, in comparison to 2.1 days reported nationally. When questioned about more specific indicators of mental health status, for example feeling depressed, anxious, or not well-rested, 23.7% of older respondents in Arizona reported having at least 14 days of poor emotional health within the past month, compared to 22.3% of national respondents. While BRFSS data are by no means a clinical diagnosis of mental condition, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs excluding treatment provided by private agencies or personal

physicians, it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, over 45% of Arizona respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, less than 13% of the older respondents in Arizona thought of these services as a resource for needed care.

FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES ; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



BRFSS 2000: "Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?"

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). One hundred seventy-five individuals responded to these questions in Arizona. Of those, 161 people responded that they did not need help with personal care needs, 8 respondents indicated that they received the necessary care from immediate family members, 5 individuals utilized a paid employee or home health service, and 1 person reported not receiving needed help from anyone. Fifty-four individuals responded that they needed assistance with routine tasks; again the majority of respondents reported receiving help from immediate family members. Also respondents highlighted multiple public resources utilized for assistance, including paid employees or home health agencies and unpaid volunteers. Two of the 54 individuals (3.7%) needing assistance with routine tasks reported not receiving assistance from anyone. Nationally, use of a paid employee or home health agency was the most often cited public service utilized for both personal care and routine needs.

Healthy Aging 2010

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Arizona. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

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